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U.S. Department of Transportation (DOT)
Alcohol Testing Form
(The instructions for completing this form are on the back of Copy 3)

SAMPLE

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN   FORM ID: NDAALCH

A: Employee Name _____
     (Print)   (First, M.I., Last)

B: SSN or Employee ID No. _____

C: Employer Name   DEPT. OF —————————   562-986-4200
    Street   PO BOX 3247   LONG BEACH CA 9080
    City, ST ZIP

TEST TO BE PERFORMED: ( ) 20589N DOT ALC SCREEN BR/BR

DER Name and   _____   ( )
Telephone No.   DER Name   DER Phone Number

D: Reason for Test: ☐ Random ☐ Reasonable Susp ☐ Post-Accident ☐ Return to Duty ☒ Follow-up ☐ Pre-employment

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STEP 2: TO BE COMPLETED BY EMPLOYEE
I certify that I am about to submit to alcohol testing required by U.S. Department of Transportation regulations and that the identifying information provided on the form is true and correct.

_____   Date ____/____/____
Signature of Employee   Month Day Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN
(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the U.S. Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☐ BAT ☐ STT   **DEVICE:** ☐ SALIVA ☐ BREATH*   15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)*

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result

CONFIRMATION TEST: *Results MUST be affixed to the back of each copy of this form or printed directly onto the form.*

REMARKS: _____
_____
_____
_____

_____   _____
Alcohol Technician's Company   Company Street Address

_____   _____   ( )
(PRINT) Breath Alcohol Technician's Name (First, M.I., Last)   Company City, State, Zip   Phone Number

_____   Date ____/-____/____
Signature of Alcohol Technician   Month Day Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER
I certify that I have submitted to the breath alcohol test the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment if the results are 0.02 or greater.

_____   Date ____/____/____
Signature of Employee   Month Day Year

OMB No. 2105-0529

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

Right margin (affix sections):

*Affix
Or
Print
Screening Results
Here*

*Affix
With Tamper
Evident Tape*

*Affix
Or
Print
Screening Results
Here*

*Affix
With Tamper
Evident Tape*

*Affix
Or
Print
Screening Results
Here*

*Affix
With Tamper
Evident Tape*

Left margin: *Standard Register ®*